Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.

1912 ► Go to www.irs.gov/Form990EZ for instructions and the latest information. 2019, and ending A For the 2019 calendar year, or tax year beginning . 20 D Employer identification number B Check if applicable C Name of organization NATIONAL COALITION OF WOMEN INITIATIVE IN LAW Address change C/O CAROLYN BLESSING 83-1485200 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Х Initial return 111 S. WACKER DRIVE 4100 (312) 443-0284 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return 06 CHICAGO, IL 60606 Number > Application pending X Accrual Other (specify) H Check ► X If the organization is not Accounting Method Cash Website: ▶ WWW.THEWOMENSCOALITION.COM required to attach Schedule B 501(c)(3) X 501(c) (6 (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) -) **(**insert no) 527 4947(a)(1) or K Form of organization | X | Corporation | Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I......... 2 Program service revenue including government fees and contracts 2 17,500. 3 Gross amount from sale of assets other than inventory. 5a Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than of contributions b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . | 6b Less direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract Gross sales of inventory, less returns and allowances 7 a 0. Gross profit or (loss) from sales of inventory (subtract line 7b from line a 7 c 8 8 17,500. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 14 15 15 5,764. 16 Other expenses (describe in Schedule O) ATCH. 1 16 5,764. 17 17 11,736. 18 Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 0. 19 Net 20 Other changes in net assets or fund balances (explain in Schedule O) 11,736.

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year Combine lines 18 through 20

Form 990-EZ (2019)



		8	33-1485	
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			(B) E	nd of year
	22	L	_	9,236.
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	24	ŀ		2,500.
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_	26 27	H		11,736.
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L	30a	1		
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	32	_	the instru	ctions for Part IV)
(c	d) Hea ribution benefit	ns p	n benefits, s to employee lans, and impensation	(e) Estimated amount cother compensation
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Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II. . . . (A) Beginning of year Cash, savings, and investments . . . ATTACHMENT . 2 0. 22 0. Land and buildings Other assets (describe in Schedule O) ATTACHMENT 0. 24 0. Total assets 25 0. 0. Net assets or fund balances (line 27 of column (B) must agree with line 21) . . Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III . . What is the organization's primary exempt purpose? ATTACHMENT 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title 28 CREATE AND LEAD LOCAL PROGRAMMING, ADVOCACY, AND EDUCATION FOR CHAPTER MEMBERS, SERVE AS A LOCAL AMBASSADOR FOR THE COALITIONA ND BUILD A PIPELINE OF WOMEN L) If this amount includes foreign grants, check here (Grants \$ RECRUIT, RETAIN AND PROMOTE WOMEN LAWYERS AND WOMEN'S INITIATIVES WITHIN THE LEGAL PROFESSION) If this amount includes foreign grants, check here (Grants \$ 30 PARTICIPATE IN IMPLEMENTING ANY STRATEGIC PLAN OF THE NATIONAL COALITION) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated Check if the organization used Schedule O to respond to any question in this Part IV. (C) Reportable (b) Average compensation (a) Name and title hours per week (Forms W-2/1099-MISC) devoted to position (if not paid, enter -0-) de SEE STATEMENT ATTACHED VARIOUS 1.00 0.

Form 990-F7 (2019)

Form 95	90-52 (2019)			-ge e
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this	in the	<u> </u>	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	100		
30	during the year? If "Yes," complete applicable parts of Schedule N	36		Ιx
27.	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
37a	Did the organization file Form 1120-POL for this year?	37b		
b	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were	375		-
38 a		38a		x
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	30a		1
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	1		
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9	-		
b	• • • • • • • • • • • • • • • • • • • •	-		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed	ļ		
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			1
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	1		
	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶CAROLYN A. BLESSING Telephone no ▶ 312-443	3-028	34	
	Located at ► LOCKE LORD LLP, 111 S. WACKER DRIVE CHICAGO, IL ZIP+4 ► 60606			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	,	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		
	If "Yes," enter the name of the foreign country ▶			}
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	L	
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ See instructions	45b		

Det the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition 46 x candidates for public office? If "Yes," complete Schedule C, Part 1, 46 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x	Form 99	-EZ (2019)		Page 4
Section 501(c)(3) Organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI. The organization engage in lobbying activities or have a section 501(h) election in effect during the tax and the second organization according to the organization make any transfers to an exempt non-chartable related organization? 18 If "Yes," was the related organization according to the second organization according to the organization organizati	46			No X
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax Yes No	Part'	Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the table 50 and 51.		es .
(a) Name and title of each employee hours per week devoted to position (Forms W-2/1099-MISC) f Total number of other employees paid over \$100,000	48 49 a b	year? If "Yes," complete Schedule C, Part II	17 18 9a 9b stees, a "None"	and key
\$100,000 of compensation from the organization if there is none, enter "None" (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Print/Type of service (c) Compensation (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 Yes X No Did the organization of the print of the pest of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Print/Type of service (e) Compensation (b) Type of service (c) Compensation (c) Compensation (c) Compensation		(a) Name and title of each employee Name and title of each employee Nours per week devoted to position Name and title of each employee Nours per week devoted to position Name and title of each employee Name and title of each employee benefit plans, and deferred compensation Name and title of each employee benefit plans, and deferred compensation Name and title of each employee benefit plans, and deferred compensation Name and title of each employee benefit plans, and deferred compensation Name and title of each employee benefit plans, and deferred compensation Name and title of each employee benefit plans, and deferred compensation Name and title of each employee benefit plans, and deferred compensation Name and title of each employee benefit plans, and deferred compensation Name and title of each employee benefit plans, and deferred compensation Name and title of each employee benefit plans, and deferred compensation Name and title of each employee benefit plans, and deferred compensation Name and title of each employee benefit plans, and deferred compensation Name and title of each employee benefit plans, and deferred compensation Name and title of each employee benefit plans, and deferred compensation Name and title of each employee	er comper	nsation
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Print/Type or print name and title Print/Type preparer's name MARY V JOYCE Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's sign attricts Firm's name FRIEDMAN & HUEY ASSOC DLP		\$100,000 of compensation from the organization. If there is none, enter "None."		
Paid Preparer Use Only Print/Type preparer's name MARY V JOYCE Preparer Use Only Print/Type preparer's name Preparer's signature Preparer's signature NARY V JOYCE Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's EIN ▶ 36-3382360	Under potrue, cor	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		
TV	Prepa Use C	Print/Type preparer's name MARY V JOYCE Firm's name FRIEDMAN & HUEY ASSOC DLP Firm's address 20940 S FRANKFORT SQUARE RD Pole 10/22/2020 Self-employed POC Self-employed PO	360 -7050 Yes [No

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

NATIONAL COALITION OF WOMEN INITIATIVE IN LAW Name of the organization C/O CAROLYN BLESSING

Employer identification number

83-1485200

	ATT	ACHMENT 1
ORM 990EZ, PART I - OTHER EXPENSES		
UPPLIES		35.
RAVEL		2,215.
DMINISTRATIVE FEES		1,265.
ISCELLANEOUS		1,049.
ARKETING		900.
EBSITE DESIGN		300.
OTAL		5,764.
	ATT	ACHMENT 2
ORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS	BEGINNING	END
ESCRIPTION	OF YEAR	OF YEAR
ESCRIPTION	OF TEAK	OF TEAK
ASH	0.	9,23
OTALS	0.	9,23
	ATTA	ACHMENT 3
ORM 990EZ, PART II - OTHER ASSETS		
ESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CCOUNTS RECEIVABLE	0.	2,500.
OTALS =	0.	2,500.

THIS ORGANIZATION WAS FORMED TO ACT AS AN UMBRELLA ORGANIZATION WHOSE MEMBERSHIP SHALL CONSIST OF LOCAL, STATE OR REGIONAL CHAPTERS WHOSE PURPOSES ARE TO ADVANCE AND OVERSEE THOSE CHAPTERS FOR THE RECRUITMENT, RETENTION AND PROMOTION OF WOMEN LAWYERS IN ACCORDANCE WITH THE CHARTER DEVELOPED BY THE COALITION AS WELL AS THE BYLAWS OF THE ORGANIZATIONS WILL PROMOTE THE INTERESTS AND INITIATIVES OF THE COALITION AND ITS MEMBER ORGANIZATIONS THROUGH

ame of the organization	NATIONAL	COALITION	OF WOM	EN INITIATIVE	IN	LAW	Employer identification number
O CAROLYN BLE	SSING						83-1485200

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

RESEARCH, ADVOCACY AND EDUCATION AND THROUGH COLLABORATION WITH THE MEMBERSHIP ORGANIZATIONS.